PTO/SB/82 (01-06) Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REVOCATION OF POWER OF **ATTORNEY WITH NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

| Application Number     | 09/925,440        |  |  |
|------------------------|-------------------|--|--|
| Filing Date            | 08/09/2001        |  |  |
| First Named Inventor   | Robert W. Collins |  |  |
| Art Unit               |                   |  |  |
| Examiner Name          |                   |  |  |
| Attorney Docket Number | 05018 - P0002A    |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.  |                                   |                        |                        |  |
|---|-----------------------------------|------------------------|------------------------|--|
|   | ney is submitted herewith.        |                        |                        |  |
| OR  ✓ I hereby appoint  | the practitioners associated with | h the Customer Number: | 24126                  |  |
| ✓ Please change the correspondence address for the above-identified application to:  ✓ The address associated with  |                                   |                        |                        |  |
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| i am the:  Applicant/Inventor.  |                                   |                        |                        |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |                                   |                        |                        |  |
| SIGNATURE of Applicant or Assignee of Record  |                                   |                        |                        |  |
| Signature   |                                   |                        |                        |  |
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| Date /5   | 2/17/2008                         | Telephone 2            | 23) 595 -3014 <u> </u> |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                   |                        |                        |  |
| *Total offorms are submitted.   |                                   |                        |                        |  |

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